

WEST VIRGINIA TITLE XXI PROGRAM FACT SHEET

Name of Plan: **West Virginia (WV) CHIP**

Date State Plan Submitted: June 18, 1998
Date State Plan Approved: September 15, 1998
State Plan Effective Date: July 1, 1998

Date First Amendment Submitted: December 21, 1998
Date First Amendment Approved: March 19, 1999
First Amendment Effective Date: January 1, 1999

Date Second Amendment Submitted: June 30, 2000
Date Second Amendment Approved: September 27, 2000
Second Amendment Effective Date: October 1, 2000

Date Third Amendment Submitted: July 19, 2000
Date Third Amendment Approved: October 13, 2000
Third Amendment Effective Date: November 1, 2000

Date Fourth Amendment Submitted: July 1, 2002
Date Fourth Amendment Approved: September 27, 2002

Background

- On June 18, 1998, West Virginia submitted its SCHIP state plan, which expanded Medicaid eligibility for children between the ages of 1 and 5 in families with incomes up to 150 percent of the Federal poverty level (FPL).

Amendments

- On December 21, 1998, West Virginia submitted a state plan amendment, which created a separate child health program covering children between the ages of 6 and 18 in families with incomes equal to or less than 150 percent of FPL.
- On June 30, 2000, West Virginia submitted a state plan amendment, to incorporate children from their Medicaid expansion program into the separate child health program, effectively eliminating their Medicaid expansion.
- On July 19, 2000, West Virginia submitted a state plan amendment to expand eligibility in its separate child health program to children under age 19 with income between 150 and 200 percent of the FPL and to impose cost sharing on this population. AI/AN enrollees will be exempt from cost-sharing requirements.

- West Virginia submitted its fourth state plan amendment on July 1, 2002. This amendment updates and amends the SCHIP state plan to indicate the State's compliance with the final SCHIP regulations. This amendment also adds cost sharing on pharmaceuticals for enrollees at or below 150 percent of the Federal poverty level (FPL) and changes it for enrollees above 150 percent of the FPL, adds an annual \$200,000 limit on benefits, and incorporates a \$1,000,000 lifetime limit on benefits.

Children Covered Under the Program

- The State reported that 33,144 children were ever enrolled in its program during Federal fiscal year 2001.

Administration

- Effective March 2000, the SCHIP program is administered by the West Virginia Children's Health Insurance Agency, which is located within the State Department of Administration. The program was previously administered by the Bureau of Medical Services within the Department of Health and Human Resources, the same agency that administers the Medicaid program.
- The Public Employees Insurance Agency is the third party administrator managing the benefit package.

Health Care Delivery System

- With the implementation of West Virginia's second amendment on October 1, 2000, all children enrolled in SCHIP are served through fee for service.

Benefit Package

- The benefit package is a benchmark equivalent package to State employee coverage. Services provided include: inpatient; outpatient; physician; surgical; clinic and other ambulatory care; prescription drugs; laboratory and radiological; prenatal care and pre-pregnancy family services and supplies; inpatient and outpatient mental health; durable medical equipment and medically-related or remedial devices; disposable medical supplies (therapeutic); home and community-based care; nursing care; abortion only to save the mother's life or pregnancy is a result of rape/incest; dental; inpatient, residential, and outpatient substance abuse treatment; case management services; care coordination; physical and occupational therapy, and services for speech, hearing, and language disorders; hospice care; eye exams for prescriptive lenses; and medically necessary transportation.
- There is a \$200,000 annual limit on benefits and a \$1,000,000 lifetime limit on benefits.

Cost Sharing

- Enrollees at or below 150 percent of the FPL are subject to a \$5 copayment for brand drugs.

- Enrollees between 151 percent and 200 percent of the FPL are also subject to the following copayment schedule: \$10 for formulary brand drugs; \$15 for non-formulary brand drugs; \$15 for non-well visits, \$25 for inpatient admission and outpatient procedure, and \$35 for emergency room services that is waived if admitted.
- There is no cost sharing for preventive care, dental, and vision services.
- AI/AN are exempt from cost sharing.
- In families with one child, the co-pay maximum for prescriptions is \$100 and the medical maximum is \$150. In families with two children, the co-pay maximum for prescriptions is \$200 and the medical maximum is \$300. In families with three or more children, the co-pay maximum for prescriptions is \$300 and the medical maximum is \$450.

Crowd-Out Strategy

- Children must be uninsured for a period of 6 months prior to application. Exceptions are made if the employer terminates coverage; a job is involuntarily terminated and the family loses benefits; private insurance is not cost effective, i.e., if the employee's family coverage exceeds 10 percent of family gross annual income; loss of coverage for child is due to a change in employment; or loss of coverage was outside the control of an employee.
- The State monitors substitution through its application process. Applicants must specify whether the applicant child had private group coverage in the previous 6 months. Data on applications that are denied eligibility due to coverage in the prior 6 months is collected and analyzed for trends over time.

Coordination between SCHIP and Medicaid

- Eligibility determinations are conducted for both Medicaid and SCHIP by the same State agency. Applications are first screened for Medicaid eligibility. During this process, the Medicaid eligibility system is queried to ascertain current Medicaid coverage. Only if the child is ineligible for Medicaid services and is not covered by other health insurance will they be allowed to enroll into SCHIP.

Outreach Activities

- The WV CHIP application is distributed by diverse community-based organizations, such as physician and dental offices, hospitals, pharmacy chains, and local businesses. The WV Council of Churches distributes materials to its member churches. The Office of Maternal, Child, and Family Health and the Bureau of Public Health distribute WV CHIP materials to the medical community. Ongoing application distribution and assistance occurs through the WV CHIP Call Center with a toll-free telephone line. Spanish and hearing impaired translation services are available.

- WV CHIP has conducted aggressive multimedia outreach involving television, radio, and print advertisements. WV CHIP coordinates with the West Virginia Governor's Office to assist the Governor actively promote the program while attending public events.
- WV CHIP closely coordinates with the West Virginia Healthy Kids Coalition, comprised of numerous community-based organizations, such as primary care centers, Family Resource Centers, child-care centers and faith-based organizations, to coordinate and jointly participate in outreach activities.
- Local WV Department of Health and Human Resources offices located in 53 of the State's 55 counties provide application assistance. Outstationed workers facilitate outreach and eligibility determination in selected hospitals.
- The Department of Education has a check-off box on its free and reduced lunch application form that allows parents/guardians to consent to have a joint WV CHIP/Medicaid application form mailed to them.

Financial Information

FFY 2003

Enhanced Federal Matching Rates--82.53%

State share:	\$ 6,334,971
Federal share:	\$29,927,029
Total program costs:	\$36,262,000

Last updated: September 27, 2002